



Commissioner for Patents  
Washington, DC 20231  
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Bib Data Sheet

CONFIRMATION NO. 3769

<b>SERIAL NUMBER</b> 09/872,228	<b>FILING DATE</b> 06/01/2001 <b>RULE</b>	<b>CLASS</b> 463	<b>GROUP ART UNIT</b> 3714	<b>ATTORNEY DOCKET NO.</b> 402078
<b>APPLICANTS</b> Jean Brossard, Reno, NV;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/166,483 10/05/1998 PAT 6,302,790 which is a CIP of 09/026,060 02/19/1998 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/19/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		<b>STATE OR COUNTRY</b> NV	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 62
Verified and Acknowledged Examiner's Signature Initials		<b>INDEPENDENT CLAIMS</b> 6		
<b>ADDRESS</b> 27717				
<b>TITLE</b> Audio visual output for a gaming device				
<b>FILING FEE RECEIVED</b> 1706	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



## UNITED STATES PATENT AND TRADEMARK OFFICE

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<b>SERIAL NUMBER</b> 09/872,228	<b>FILING DATE</b> 06/01/2001 <b>RULE</b>	<b>CLASS</b> 463	<b>GROUP ART UNIT</b> 3713	<b>ATTORNEY DOCKET NO.</b> 402078
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**APPLICANTS**  
Jean Brossard, Reno, NV;

**\*\* CONTINUING DATA \*\*\*\*\*** *CW yes*  
THIS APPLICATION IS A CON OF 09/166,483 10/05/1998, *Now USPN 6,302,790*  
WHICH IS A CIP OF 09/026,060 02/19/1998 *yes*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 06/19/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>CW</i> Met after Allowance	<b>STATE OR COUNTRY</b> NV	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 62	<b>INDEPENDENT CLAIMS</b> 6
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**ADDRESS**  
SEYFARTH SHAW  
Suite 4200  
55 East Monroe Street  
Chicago ,IL 60603-5803

**TITLE**  
Audio visual output for a gaming device

<b>FILING FEE RECEIVED</b> 1706	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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